

**The Bill Blackwood
Law Enforcement Management Institute of Texas**

**In the Line of Duty: A Law Enforcement Agency's
Response to Officer Involved Shootings
and the Mental Health Needs of the Officer**

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ABSTRACT

In the last ten years, society has faced a growing population of returning combat veterans from two different wars suffering from Post-Traumatic Stress Disorder.

American society has embraced them as returning heroes who suffer from a debilitating disorder that occurred while defending the American way of life and freedom. What departments have not done is treat the men and woman in law enforcement who face the same obstacles with the same level of care as veterans have been receiving. In fact, department culture barely recognizes the need for any treatment at all for officers beyond “see the shrink so he can clear you for work,” so the department can cover liability in case the officer acts out their emotional issues later.

The current trend of providing basic to no treatment leaves thousands of men and women to suffer in silence. The eventual destruction of the officer’s personal and professional career is almost guaranteed unless police administrators put the welfare of their officers and their families ahead of convenience and short term budgets. The reality that administrators need to consider is that an officer suffering mental trauma who goes to work is not truly putting forth his best effort and is placing himself and others at risk. The necessity to place this officer and his family first is vital to the officer’s welfare and demonstrates to the department the value of every officer. The long term savings for the department by implementing policies that ensures officers are taken care of is in the thousands. The reduction in sick time or the hiring and training of a new officer is substantial.

There is a growing body of research, both private and by the Department of Veterans Affairs, which indicates the importance of treatment (Grossman, 2009; Miller,

1999). The fact that Post-Traumatic Stress Disorder is a recognized disability by the federal government has indicated the importance it has taken with the public. The internet is full of material by numerous doctors and institutions providing information on how to recognize and treat the problems.

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INTRODUCTION

A rookie sergeant of two weeks responded to his officer's request for back up as the officer followed a suspect vehicle involved in an aggravated robbery of a convenience store. This would lead to a high speed pursuit across major highways and neighborhood streets, risking the lives of numerous officers and civilians. The pursuit would turn into a foot pursuit and end tragically with the sergeant shooting and killing an armed female robbery suspect, who was attempting to shoot another officer. The sergeant found himself four hours later being confronted by the dead suspect's mother and ten year old son at the police station. The media and anonymous callers would begin questioning his actions from the safety of their couch before the ink was even dry on the report. This sergeant would end up bringing this tragedy home and spending years trying to undo the damage to his family and himself.

Police officers have been paying too high of a price with their physical and mental health for making the hardest decision in law enforcement, the taking of human life in the line of duty. With the acceptance of Post Traumatic Stress Disorder (PTSD) in returning combat veterans since the Vietnam War within the mental health profession and society, it has been less accepting of PTSD in the law enforcement community. If the public wants a police force that survives a deadly force event, they must accept responsibility in providing the training to overcome the natural resistance to killing, and they must provide the psychological therapy to the officer and family to survive the post event (Grossman, 2009). With the return of thousands of Iraq and Afghanistan war veterans, American society has faced a growing realization that the cost that veterans pay goes beyond the risk of the battlefield: it impacts his mental health and family. The

cost to society can never be fully realized due to the emotional and physiological damage done to all of the survivors of the event.

Law enforcement administrators have been remiss in not seeing the effects the decision to take human life in the performance of their duties has had on the physical, mental, and family health of the officer. The decision to provide limited or poor follow-up counseling to these law enforcement professionals leaves their departments and community at risk for short and long term problems. The administrator who takes the stand that the officer made the decision to become a police officer and knew the risks involved causes more harm than good. Bettinger (2001) stated, "At present, only one out of five major police departments have any type of stress reduction program. Very few have any type of program dealing with PTSD" (p. 9).

POSITION

An officer involved in a fatal shooting, or any shooting where someone involved is wounded or killed, faces far more than the initial threat of injury or death. The fact that he survived is only the beginning in surviving the event. He faces the immediate mental and emotional trauma of the event for himself and the people who should have his best interest in mind. There are no hard rules on how long this up and down roller coast ride will take but without laying a good ground work of mental health, his survival and future is in jeopardy. His long term mental and physical health, if it is not addressed quickly and professionally, will suffer, especially if people fear broaching the subject due to the nature of a person's need for privacy and the needs of the department. The last issue, and one that many feel, is that the police department has no responsibility for the officer's family's well being. They are the innocent third party dragged into this

maelstrom of events that turns their lives upside down. They face the real possibility of losing their loved one even though he is physically alive. These issues only highlight the true cost an officer makes when he takes a human life in the line of duty and the responsibility the department owes him for making that sacrifice.

The officer involved in a shooting faces serious problems immediately after the shooting that requires professional counseling and education. The act of taking human life may create an internal conflict within the officer that can adversely affect his mental, emotional, and physical health (Grossman, 1995). This stage can last up to three days and includes nightmares, flashback, depression, guilt, insomnia, anger, loneliness and fear. These things can be brought on by a department that treats the officer as if he is a criminal; they take his gun, require him to make statements immediately, and go over the events numerous times, forcing him to relive the events. The officer faces the media, who accuse him of using excessive force and criminal acts. The officer is left questioning his decisions of why he decided to be a police officer. Reese, Horn, and Dunning (1991) stated that "The worst part of a critical incident is not the critical incident but what happens afterwards because they feel they have done the best they could under the set of circumstances that existed at the point they made the decision" (p. 143). He faces a family that is scared and possibly pressuring him to leave the department now that the reality of death is brought to light.

The long term need for counseling for the officer is preventative in nature, like a health check-up. This type of counseling and observation is necessary to prevent the post shooting threats before officers experiencing significant health and mental problems. Miller (1999) stated regarding officer retention after shooting trauma,

“Seventy percent of the officers involved in a shooting incident leave the police force within seven years” (p. 3). The social withdrawal by the officer from family removes the most significant support mechanism the officer has. He feels compelled to act like the movie cop and act macho for the benefit of fellow officers so they do not think any less of him. This requires him to bottle up his feelings, but studies have shown that unresolved emotions manifest themselves in other ways usually as health problems (Seligman, 1998; Kubzansky et al., 2006). The officer who has not fully come to terms with the incident may find themselves trying to compensate for the pain by using or abusing drugs and alcohol.

The family is the other victim in this horrific event, forced to endure the sudden change of their loved one to their lives. They suffer as much as the officer, but they do it in silence because no one feels responsible for their emotional and mental well being. The spouse suddenly is left out of the others thoughts and confidence and left with the feeling of abandonment and confusion. The officer feels the spouse just does not understand what they are going through, and they try to shield them from the harsh reality of police work. The couple could find themselves drifting farther apart in which their sex life comes to an end, and the officer becomes promiscuous with others. The children face a parent who no longer acts like the confident and caring parent but instead yells and does not participates in their life's (Bettinger, 2001).

There is an increased threat of physical violence as the officer struggles with frustration and depression. The officer could experience nightmares that send him back to the moment he was fighting for his life, which could lead to him lashing out in his sleep. The spouse could find herself struck or even choked by him. The fear for her

safety and that of anyone else in the house becomes very real. There could be an increased use of alcohol and drugs by the officer in an attempt to self medicate. The emotional detachment could lead to a divorce in which officers have one of the highest divorce rates in society (Bettinger, 2001). In one study, the national average for divorce is approximately 50%, whereas for law enforcement is it between 60% and 75% (Goldfarb, 2006).

COUNTER POSITION

Many administrators focus on the cost of have their officer on administrative leave of duty due to the cost of overtime for the small agency. These agencies already have limited resources, and the burden of overtime is more than they are willing to take on. Most police agencies are ten or fewer commissioned officers, and the removal of one officer would require a shift in manpower that may be impossible to manage in the very small departments (Hickman & Reaves, 2006). These agencies do not budget for overtime in the amount needed to cover the absence of an officer beyond his normal sick accruals. This has become especially true with the economic downturn of the nation and shrinking budgets across the nation. The fact that other officers would be required to cancel their own plans with family and friends creates a morale problem for the whole department.

Agency administrators also focus on the long term cost of providing counseling to this officer that could stretch on for years and cover more than a simple one hour meeting every year or two. The median cost per session for psychotherapy is \$75.00, and the length of time for treatment can last two years or longer (Manderscheid, 2004; Rose, 2008). The number of visits will depend on individual needs and cannot be easily

predetermined. The issue of who is ultimately responsible for monitoring how an officer does after being involved in a fatal shooting is a very delicate situation. Most administrators and officers feel they should not get involved in a person's emotional space. They feel like they are treading on thin ice and questioning the personal strength of the officer.

The final point for them is the cost and commitment to provide families with counseling when they are not employees of the agency and the department has not accepted any responsibility to them. The liability taken on by any department for providing care for nonemployees when residents within the community struggle with their own health care problems is a battle no administrators wants to answer too. The cost for marriage counseling could exceed the coverage already existing and would raise insurance premiums for cities trying to cut costs across the board. The need to place blame for the failure of a strong marriage would be shouldered by the department in the eyes of the department employees and the effected family. Finally, the responsibility for counseling for drug and alcohol dependencies developing would fall on the city if it can be linked to PTSD for both the officer and spouse.

The cost for an officer to be on administrative leave for the average agency in overtime will be about two weeks salary, not including counseling. Most counseling is now covered under workers compensation, which is already paid for by the agency and is a benefit waiting to be utilized. The benefit of allowing the officer to have time away from the street is greater than the sum of overtime cost. The officer is left with a feeling that the administration has his welfare in mind and other officers see the administration stepping up during crisis for a coworker.

The long term cost of providing mental health care counseling and responsibility is small compared to the cost of losing an officer or having one mentally snap while working. The cost of replacing an officer would conservatively be one year pay and benefits for an officer. This includes salary for the new officer, police academy, field training, equipment, and benefits for him before he is trained up to work by himself. This does not include the cost of lost experience, which is impossible to figure both to the department and the community at large. The loss of an officer to the department is more than manpower; it is personal and greatly affects the morale of any station. Officers watch as one of their own is allowed to fall, leaving visions of their own vulnerability to the same problems.

The responsibility for monitoring the program and ensuring the officer attends must be shared between the officer and the department. The officer alone cannot be relied on, due to the fact he may not see the affects on himself or fears what he thinks his peers will think. The truth of the matter is few people are honest enough with themselves to realize they have a problem that can get worse. If the department is in a unique position of forcing the officer into visits, among other things, they could be seen as interfering into what is perceived as a private matter and the officer could resent the implication that he is mentally unstable. The officer may have numerous responses and feelings towards the department. The solution for the department is that it needs to make it clear that everyone will be required to attend these meetings, so the stigma is eliminated and it is viewed as a part of the routine. The person who is ultimately responsible for monitoring needs to be the highest-ranking individual to reduce any challenges or the perception of no privacy for the officer.

The family is ultimately the biggest support for the officer, and it is imperative that every agency recognize the need to maintain the integrity of the family unit. Every officer has relied on the strength of the family to care and listen to him; the loss of it will only further isolate him from help. The final point is that it would be the right thing to do, and no amount of money could ever justify administration turning their back to the family.

RECOMMENDATION

Post Traumatic Stress Disorder for officer involved in a fatality shooting is a very real issue. The need to protect the officers from hiding his emotional injuries because of unrealistic expectations placed on him by himself, peers, and society is paramount. The potential for long term injury to himself and his family is real and tragic.

The short term impact on the officer is feelings of isolation, depression, fear, anxiety, anger, and confusion, to name a few. The officer may experience nightmares, sleeplessness, and flashback within the first three days (Bettinger, 2001). These events transport the officer back into the trauma as he relives the events. The officer then faces the media, public opinion, and family questions concerning why he shot and questioning the need to use deadly force. This creates further stresses on his emotions and health. The need for professional counseling along with family and department support is vital to his recovery and reduction of long term health, emotional, and family issues.

There is a long term need for counseling to prevent the loss of the officer due to the effects on their physical and psychological health from the effects of repressed emotions concerning killing someone. It has become apparent that some officers will

use alcohol and drugs as a means to self medicate themselves in order to survive the pain. The officer experiences withdrawal from those he loves and from hobbies he was involved in. The need by administration to continue monitoring the officer throughout his career and provide assistance whenever asked or during “trigger times” is necessary to reduce lost manpower and reduce liability to the department for placing a mentally injured officer on the street.

The family also became the other victim in the fatal shooting due to the lack of knowledge of what to expect when an officer spouse is involved in a shooting and the lack of support from the agency. The family feels real fear for the officer once the reality of how dangerous and close they came to losing them. The officer attempts to shelter the family by not talking about what he feels, and this ends up pushing the family away. The officer may experience sexual problems, which causes further confusion for the spouse and could lead to divorce. The most serious problem is unintended violence while the officer is asleep. The officer may find himself reliving the fight for his life while he sleeps and strikes out at his attacker, which in reality ends up being the spouse who gets hurt.

The position that the cost of providing counseling for the officer from day one to the end of his career is cost prohibitive does not take into account the cost of replacing the officer, which can range up to \$80,000 for the medium sized police department. The cost in overtime and morale of other officers in allowing the officer off is also a hardship a small agency cannot afford. This is a time to give all members of the agency an opportunity to help the officer and feel as like they are contributing to his recovery. The administration also questions the need and responsibility to provide counseling to the

family of the officer considering the cost they are already being asked to shoulder. This is an opportunity for the agency to do the morally right thing for the family that has sacrificed so much of their loved one to the career and the department.

Administration needs to establish a policy that requires members of the senior staff to make contact with the officer and the family at least once within 24 hours of the incident to offer support and assistance. A peer support group needs to be established by officers who are respected by their peers and have received special counseling training on call 24 hours a day to assist. There should be a mandatory paid administration leave of at least two weeks, during which the officer must attend three counseling appointments and be given the opportunity to decompress from the incident. Any questioning or debriefing of the officer should be conducted away from the scene, and the officer should be given the opportunity to calm down and contact family to advise them that he is safe. The media needs to be brought in and spoken to by the media relations officer concerning the initial facts of the shooting to ensure an accurate dissemination of information, but they should leave the name of the officer involved out of the statement. A shooting review board should be conducted quickly after the shooting to relieve any anxiety the officer may feel. The review board needs to determine if the shooting meets policy and, if so, then they should clearly support the officer. The officer and family should be provided employee assistance program to provide ongoing counseling as needed. The officer should be monitored and given the opportunity for counseling during “triggering” events, like anniversary and similar shooting events as needed. If an aggravation of the officer’s psychological injuries occurs, then counseling and help should be provided without hesitation.

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